

Department of Police \* City of Chicago  
3510 South Michigan Avenue \* Chicago, Illinois 60653

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Date 15 November 2011

Re: C. L. No. 1049860

Dear [REDACTED]

A complaint against a Department member, registered under the above Complaint Log (C.L.) Number, is currently under investigation by the Chicago Police Department.

A vital step in the investigation is an interview with the person who registered the complaint as well as witnesses. This step is essential in order to conduct a complete and thorough investigation.

Please contact me as soon as possible so that I can make arrangements to meet with you regarding the incident under investigation. The following information is provided so that you can contact me without unnecessary inconvenience:

Name: Donald EDWARDS

Address: 3510 S. Michigan Ave, Chgo, IL 60653

Telephone: 312-745-6310

Hours Available: 8am - 4pm Monday - Friday

Sincerely,

A handwritten signature in black ink, appearing to be "Donald Edwards", written over a horizontal line.

CPD-44.223 (REV. 1/07)

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Emergency: 9-1 -1 \* Non-Emergency: (Within City limits) 3-1 -1 \* Non-Emergency: (Outside City limits) 312-746-6000  
TTY: 312-746-9715 \* E-mail: [police@ci.chi.il.us](mailto:police@ci.chi.il.us) \* Website: [www.ci.chi.il.us/CAPS](http://www.ci.chi.il.us/CAPS)

CPD 0021110



City of Chicago  
Department of Police  
3510 South Michigan Avenue  
Chicago, Illinois 60653  
D. EDWARDS unit 121 GIS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

[Redacted]

COMPLETE THIS SECTION ON DELIVERY

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
12-28-11

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

[Redacted]

PS Form 3811, February 2004

Domestic Return Receipt

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[Redacted]

U.S. Postal Service<sup>TM</sup>  
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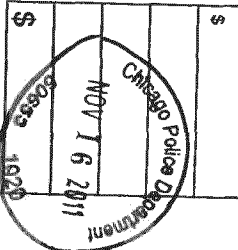
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Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees



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Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions